Enrollment Form 401(k)

Mail Address: Retirement Plan Service Center Hartford Life Insurance Company PO Box 1583, Hartford, CT 06144-1583 Overnight Mail Address: Retirement Plan Service Center Hartford Life Insurance Company 1 Griffin Road North, Windsor, CT 06095-1512



Group No: 150005	Social Security No:	C. INVESTMENT ELECTION
Employer: County of Placer	Dept/Location:	I elect to have my future contributions invested as follows. I understand that this Enrollment Form
Employee Name: (Last, First, M.I.)		is to be used to record my initial investment option election and may not be used for investment option transfers or investment
Mailing Address:		option allocation changes. To make investment changes please call 1-800-528-9009 or visit
City:	State: Zip: Sex::	retire.hartfordlife.com.
Home Phone: Work Phone:	Date of Birth: Date of Hire:	SECTION 1 Selections must be in whole percentages totalling 100%.
A. CONTRIBUTIONS \$ or % Amount Frequer Employee X	acy* Annual Contribution Total	% UN American Beacon Small Cap Value% 5Y American Funds The Growth Fund of America Inv Opt
Current Annual Salary \$	* Frequency Monthly = 12 Bi-Weekly = 26 Semi-Monthly = 24 Weekly = 52 Other:	WJ Artisan Mid Cap Value Inv Opt S J7 Baron Small Cap Inv Opt S 9Z Calvert Social Investment Bond Inv Opt S 9P Davis New York Venture Inv Opt S 40 General Account S DF Goldman Sachs Growth Opportunities Inv Opt S 1J Hartford Capital Appreciation HLS Inv Opt S 1C Hartford Dividend and Growth HLS Inv Opt S 1M Hartford International Opportunities HLS Inv Opt
B. SIGNATURES I understand that all values provided by the contract, when based on investment experience of the above named investment choices are variable and are not guaranteed as to a fixed dollar amount. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state, located on the last page of this form. Signed in the state of		% UG Oakmark Equity and Income Inv Opt
ong	Date	% V9 SSgA Dow Jones Target 2045% VA SSgA Dow Jones Target Today
Participant Signature		
Plan Administrator Signature	Date	Please consult your Plan Sponsor to determine which are available.
Printed Name of Registered Representative	Registered Representative Tax ID/Producer Code	
Selling Firm Name	Selling Firm Tax ID	